

CHAPTER 6-000 WORKING DISABLED PART A MEDICARE BENEFICIARIES: Individuals who were receiving RSDI disability benefits and return to work but remain disabled may continue to be entitled to Part A Medicare at no cost for 48 months.

The Omnibus Budget Reconciliation Act of 1989 allowed these individuals, at the end of 48 months, to enroll in Part A Medicare and pay a premium. It also required state Medicaid programs to purchase Medicare Part A premiums for these individuals.

6-001 Eligibility Requirements: In order to receive payment of the Medicare premium, the individual must meet the following eligibility requirements:

1. Application (see 469 NAC 2-001);
 2. U.S. citizenship or alien status (see 469 NAC 2-002 ff.);
 3. Nebraska residence (see 469 NAC 2-003 ff.);
 4. Social Security number (see 469 NAC 2-004 ff.)
 5. Age (see 469 NAC 6-001.01);
 6. Relative responsibility (see 469 NAC 2-006);
 7. Disability (see 469 NAC 6-001.02);
 8. Institutionalization (see 469 NAC 2-008 ff.);
 9. Resources (see 469 NAC 6-001.03);
 10. Income (see 469 NAC 6-001.04); and
 11. Receipt of other assistance (see 469 NAC 6-001.05).
- {Effective 6/28/11}

6-001.01 Age: To be eligible for the payment of the Medicare premium, an individual must be age 64 or younger.

6-001.02 Disability: To be eligible for the payment of the Medicare premium, an individual must continue to have a disabling impairment as determined by SSA. SSA has the responsibility to periodically verify that the disability continues. If SSA determines through a continuing disability review that the client is no longer disabled, SSA notifies the Department and eligibility for AABD ceases. If the client voluntarily withdraws from Medicare Part A premium, eligibility for AABD ceases.

6-001.03 Resources: Resources are treated according to regulations in 469 NAC 2-009 through 2-009.07B16. For maximum resource limits, see 469-000-204.

6-001.04 Income: Income is treated according to regulations in 469 NAC 2-010.01 through 2-010.01H. For income limits see 469-000-204.

The worker budgets the client on Form DA-3M. If total net earned and unearned income is equal to or less than 200 percent of the OMB poverty guideline, the client is eligible for payment of the Medicare premium. If the income is more than the income limit, the client is ineligible for the Part A Medicare premium payment. If the client continues to pay the premium, s/he could choose to receive AABD/MA with excess income and attempt to spenddown if there is a medical need. If the client does not pay the Part A premium, s/he would be ineligible for AABD/MA (see 469 NAC 6-001.02).

6-001.05 Receipt of Other Assistance: Through the AABD program an individual may choose to receive either payment of the Medicare Part A premium or full medical assistance benefits but not both at the same time. While receiving either form of assistance, the client may request the other; however, the client is not eligible for full medical assistance benefits for any month for which the Department has paid the Medicare Part A premium.

If a client who is on AABD/MA with excess and is paying his/her own Part A Medicare premium fails to meet his/her excess obligation, the Department retroactively pays the Medicare Part A premium for the excess cycle. At the end of this excess cycle, the client must decide whether to continue with the state paying the Part A premium or to begin a new excess cycle and assume payment of the Part A premium him/herself.